Date Received in Laboratory	Laboratory Specimen Number

INFLUENZA SARS2-COV-2 MULTIPLEX ASSAY

Michigan Department of Health and Human Services
Bureau of Laboratories
PO Box 30035 3350 North Martin Luther King Jr. Blvd. Lansing, MI 48909
Laboratory Records: 517-335-8059 Technical Information: 517-335-8067
Fax: 517-335-9871 Web: www.michigan.gov/mdhhslab

Print in UPPERCASE using dark pen More Detailed Definitions/Explanations on page 2.

SUBMITTER INFORMATION

Submitter Information (Printed, Typed or Stamped)

Agency Code (If Known)

Telephone

Fax

Contact Person/Ordering Physician/Provider Name

National Provider Identifier #

PATIENT INFORMATION (Complete all fields)

Name (Last, First, M.I.)

Address

Apt. #

City

State

Zip

Phone Number

Submitter Patient # (if applicable)

Symptomatic
☐ Yes ☐ No

Patient Status
☐ Inpatient ☐ Outpatient
☐ Unknown

Sex
☐ Male
☐ Female

Race
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Other

Ethnicity
☐ Hispanic or Latino ☐ Unknown
☐ Not Hispanic or Latino

Date of Birth (MM-DD-YYYY)

Pregnant (if known)
☐ Yes ☐ No

SPECIMEN INFORMATION (Complete all fields)

Onset Date (MM-DD-YYYY)

Submitter Specimen #

Collection Date (MM-DD-YYYY)

Collection Time (Military)

Specimen Source
☐ Nasopharyngeal ☐ Oral pharyngeal ☐ Nasal
☐ Sputum ☐ Bronchial Wash ☐ Other _____

DEFINITIONS/EXPLANATIONS

RETURN RESULTS TO: Name and address of your institution (hospital, clinic, health department, state agency, etc.). Please include phone number and fax number.

PROVIDER: Name of the physician or provider authorized to order testing.

NATIONAL PROVIDER IDENTIFIER (NPI): The NPI is a unique identification number for covered health care providers, must match with the name of the ordering party.

LABORATORY SPECIMEN NUMBER: For MDHHS Laboratory Use Only.

DATE COLLECTED: The date (MM/DD/YYYY) that the specimen was collected from the patient.

SPECIMEN SOURCE: Type of collection performed.

PATIENT NAME: Patient's name (first and last). Must match specimen label exactly.

DATE OF BIRTH: Patient's date of birth (MM/DD/YYYY). Must match the specimen label exactly.

SEX: Mark the current biological sex of the patient. This may differ from gender or gender identity of patient.

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By Authority of Act 368, P.A. 1978